

2381

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>1549</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>2448</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____ No. <u>Dairy Canon</u> St. _____ Ward) _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Earl Glade Stowell</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>June 20, 1922</u>	(Month, day, year)
8. FATHER Full name <u>Brigham Earl Stowell</u>		14. MOTHER Full maiden name <u>Mary Ellen Green</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and State	
10. Color or race <u>white</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>Ogden, Utah</u> (State or country)		18. Birthplace (city or place) <u>Virginia</u> (State or country)	
13. Occupation <u>mill man (copper)</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
<p align="center"><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b></p> <p>I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:30 a.m.</u> on the date above stated. (Born alive or stillborn)</p> <p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.</p> <p>Signature <u>[Signature]</u> (Physician or midwife) Address <u>Miami, Ariz</u> Given name added from a supplemental report _____ (Month, day, year) <u>523-620-475</u> Registrar.</p> <p>Filed <u>June 27, 1922</u> <u>[Signature]</u> Local Registrar. Filed <u>7-6, 1922</u> <u>[Signature]</u> County Registrar.</p>			